

Impact of Combat Duty in Iraq and Afghanistan on Family Functioning: Findings from the Walter Reed Army Institute of Research Land Combat Study

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ABSTRACT

Background. Previous research has demonstrated a strong link between combat duty and social and family dysfunction. However, most studies of the impact of combat on military families have not been conducted proximal to the time of deployments, and there are many research gaps in understanding the full impact of combat deployment. The current war in Iraq and Afghanistan pose unique stresses on military families.

Methods. Over 25,000 surveys have been obtained from U.S. Soldiers and Marines before deployment, during deployment, and up to one year post-deployment. Approximately 40% of these service members are married. In addition, surveys have been collected from military spouses. Outcomes of this analysis included marital satisfaction, divorce, and family violence.

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Results. Combat duty in Iraq was significantly associated with decreased marital satisfaction, increased intention to divorce, and increased spouse abuse, particularly at the 12-month post-deployment time point. Data from spouse surveys indicated that spouses experience similar rates of depression as Soldiers, but access mental health care at a higher rate. An important finding was that military spouses often rely on primary care for mental health services.

Conclusions. Combat duty in Iraq has significant impact on military families. Recommendations for improving services to family members will be presented.

INTRODUCTION

Military families face unique stresses related to the frequent family separations, mobile lifestyle, separation from extended family, concern about soldiers' safety during deployment to a combat-zone, and the demands of single parenting during separations (Ursano, Holloway, Jones, Rodriguez, & Belenky, 1987; Black, 1993; Paulus, Nagar, Larey & Camacho, 1996; Rosen & Moghadam, 1988; Martin & Ickovics, 1987). All of these stressors may have an adverse effect on the physical and mental health of the military spouse. Research has shown that the health and well being of military families is important to the family as well as to the operational unit. Spouses and children may exhibit greater symptoms of depression or anxiety, and health care utilization rates may increase during separations (Knapp & Newman, 1993; McNulty, 2003; Rosen, 1996; Black 1993; Ursano, Holloway, Jones, Rodriguez, & Belenky, 1987; Kelley, 1994). Spouses who perceive the military lifestyle to be stressful show less overall psychological well-being (Knapp & Newman, 1993). Soldiers with dissatisfied spouses are more likely to leave the military upon completion of their service contract (Bruce & Burch, 1989; Rosen & Durand, 1995; Griffith, Doering, & Mahoney, 1986 as referenced in Klein, Tatone, & Lindsay, 2001, Drummet, Coleman, & Cable, 2003).

A recent study investigated the prevalence rates of mental health problems among Soldiers, as well as barriers to and the stigma associated with seeking care for these problems (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004). It showed that Soldiers deployed to Iraq and/or Afghanistan had higher rates of mental health problems (major depression, PTSD, alcohol misuse) than before deployment. Among Soldiers who screened positive for a mental health problem, only a small percentage (23-40%) received professional help from a mental health professional, chaplain, or primary care professional. Concerns about stigma were highest among the Soldiers who were in the most need of help from mental health services.

The deployment related mental health problems among Soldiers raises questions as to how military spouses are handling the stresses of deployment, family separation and reunion during the current war in Iraq and Afghanistan. The purpose of this study is to 1) determine the prevalence of mental health problems in military spouses, 2) determine the proportion of spouses with mental health concerns who are not receiving services, and 3) identify perceived barriers to mental health care.

METHODS

Since January 2003, the Walter Reed Army Institute of Research (WRAIR) has been conducting the Land Combat Study to assess the impact of current military operations in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)-Afghanistan on the health and wellbeing of soldiers and family members (Hoge, et. al., 2004). This study involves cross-sectional design methods using anonymous surveys administered with informed consent under an approved research protocol. The study has focused on combat operational units, and over 25,000 surveys have been collected to date. Soldiers from multiple brigade combat teams, both Active Component and National Guard, as well as members of Marine Expeditionary Forces

deploying to OIF and OEF have been surveyed before deployment, and / or after returning from deployment. Post-deployment assessments have been conducted at 3-4 months, 6 months, and 12 months after returning from deployment. The surveys include questions about deployment stressors, combat experiences, and unit climate variables such as cohesion and morale. Depression, anxiety, and PTSD are measured using validated self-administered checklists. Other outcomes include alcohol use, aggression, and family functioning.

Participants & Procedures

In addition to the surveys among soldiers and marines, surveys have also been administered to a sample of spouses at one large military installation in the Eastern United States. Spouses of soldiers from operational units included in the Land Combat Study were approached at two on-post primary health care clinics (the source of primary care for all soldiers, spouses, and children in the operational units) and at a battalion level Family Readiness Group (FRG) meeting. A total of 1,828 surveys were distributed, 1,707 spouses signed consent forms, and 940 spouses returned completed surveys (55%). The majority (566, 60%) of the surveys were completed while the participants were waiting in the primary care clinic. Three hundred thirty-one (331, 35%) participants mailed back their completed surveys. Forty-three (43, 5%) surveys were completed at the FRG meeting. The surveys from spouses were compared with similar surveys from 587 married Soldiers from the same units.

Description of Survey

Spouses were asked if they were currently experiencing a stress, emotional, alcohol or family problem, and if they were currently interested in receiving help for that problem. Major depression and generalized anxiety were measured using the Patient Health Questionnaire (PHQ) (Spitzer, et al. 1999; Lowe, et al., 2004; Henkel, et al., 2003). Questions measuring alcohol use were obtained using the Two Item Conjoint Screen (TICS) (Brown, Leonard, Saunders, & Papasouliotis, 2001). Participants were asked about their use of mental health services, to include mental health services provided by the primary health professionals, specialty mental health services, or pastoral counselling at either a military or civilian facility.

SUMMARY OF KEY FINDINGS

Among soldiers surveyed before and after deployment, deployment to Iraq appeared to be associated with decreased marital satisfaction, increased intention to divorce, and increased self-reported spouse abuse, particularly at the 12-month post-deployment time point. Among 940 spouses surveyed at one time point, 74 (7.9%) screened positive for either major depression or generalized anxiety disorder and reported impairment in work or interpersonal functioning, a rate very similar to the rate among married Soldiers (49/587, 8.3%); 4.3% of spouses reported having used alcohol more than they had intended in the past four weeks, compared with 18.0% of married soldiers, and 3.0% of spouses indicated that they felt they wanted or needed to cut down on their drinking, compared with 9.2% of married soldiers. Out of the 940 spouses, 155 (16.9%) reported that they were currently experiencing a moderate to severe emotional, alcohol, or family problem, compared to 76 (13.3%) of married soldiers. Additionally, 176 (19.3%) spouses reported that they were currently interested in receiving help for an emotional, alcohol or family problem, compared to only 54 (9.7%) of married soldiers. One hundred ninety-seven (197, 21.7%) spouses reported that the stress or emotional problems impacted negatively on the quality of their work or other activities, compared to 35 (6.2%) of married soldiers.

Spouses who screened positive for mental health problems were about three times more likely to seek care than married soldiers who screened positive for mental health problems (Table 1). The most common source of mental health services utilized by spouses was actually the primary care physician at the military health

care clinic, rather than mental health professionals. This is most likely due to the convenience of seeing an on-post primary care physician for care, and the limited availability of specialty mental health services on post for spouses.

Spouses who screened positive for depression or anxiety were much less likely to endorse barriers to care, including stigma, than married soldiers who screened positive for mental health problems, except for the cost of care and knowing where to get help (Table 2). The most commonly reported barrier was difficulty getting time off work or childcare problems.

CONCLUSIONS AND RECOMMENDATIONS

Overall, 8% of the military spouses in this sample screened positive for major depression or generalized anxiety disorder, which is very similar to rates among married soldiers. Although rates of depression and anxiety were similar, spouses were more likely than soldiers to report that stress or emotional problems were having a significant effect on their lives, and they were more likely to report interest in receiving help. Spouses who screened positive for mental health problems were more likely to seek mental health care and reported less barriers to care and less stigma than married soldiers who screened positive for mental health problems. One of the important findings was the reliance on primary care professionals for mental health services. This was likely due to limited availability of specialty mental health services on post. If the primary care physician is the primary point of entry for spouses receiving mental health care, it is necessary to ensure that resources are available within the primary care system to facilitate mental health care treatment. It is important to assure that adequate specialty mental health services are available to spouses on military installations.

Table 1: Health Care Utilization for stress, emotional, alcohol, or family problem

| | Spouses Who Screened Positive for Mental Health Problem (n=74) n, (%) | Married Soldiers Who Screened Positive for Mental Health Problem (n=49) n, (%) |
|-------------------------------------|--|---|
| Military General Medical Doctor | 31 (43.7%) | 2 (4.2%) |
| Civilian General Medical Doctor | 11 (15.1%) | 1 (2.1%) |
| Military Mental Health Professional | 12 (16.4%) | 4 (8.5%) |
| Civilian Mental Health Professional | 23 (31.9%) | 1 (2.1%) |
| Military Chaplain | 16 (22.5%) | 6 (12.5%) |
| Civilian Clergy | 10 (13.9%) | 1 (2.2%) |
| Any Utilization | 50 (68.5%) | 9 (18.4%) |

Table 2: Perceived Barriers to Care

| Barrier | Spouses Who Screened Positive for Mental Health Problem (n=74) | Married Soldiers Who Screened Positive for Mental Health Problem (n=49) |
|--|---|--|
| | n (%) | n (%) |
| I don't trust mental health professionals | 8 (11.1%) | 15 (31.2%) |
| I don't know where to get help | 15 (20.6%) | 8 (17.0%) |
| I don't have adequate transportation | 7 (9.8%) | 7 (14.6%) |
| It is difficult to schedule an appointment | 19 (26.0%) | 16 (34.1%) |
| There would be difficulty getting time off work or childcare for treatment | 31 (43.1%) | 29 (61.7%) |
| Mental health care costs too much money | 19 (26.0%) | 7 (14.9%) |
| It would be too embarrassing | 15 (20.5%) | 22 (46.8%) |
| It would harm my spouse's career | 15 (20.5%) | N/A |
| It would harm my career | 3 (4.1%) | 27 (56.2%) |
| I would be seen as weak | 16 (22.3%) | 37 (77.1%) |
| Mental health care doesn't work | 7 (9.5%) | 10 (21.3%) |

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